

**Management Pay Plan  
Performance Review Dispute Resolution and Appeal Process Form**

This form is to be used as a part of the dispute resolution procedure regarding a delay or denial of a salary increment resulting from a performance review. Please reference the Management Pay Plan Performance Review Dispute Resolution and Appeal Process for guidance in completing this form.

Employee Name:	Department:
Employee Job Title:	Time in Current Job Title:
Immediate Supervisor Name:	Immediate Supervisor Job Title:
Person Who Conducted Performance Review:	Reviewers Job Title:
Date of Review:	Annual Increment was: <input type="checkbox"/> Denied <input type="checkbox"/> Delayed until:

Please provide the reason(s) you believe the performance rating you received was not warranted. Attached additional sheets if necessary. Please attach all related documentation to this appeal process form:

Please indicate your desired solution to this situation:

I wish to enter into a dispute resolution process with my department and/or the Department of Employee Relations regarding a delay or denial of a salary increment resulting from a performance review.

Employee Signature:

Date: